PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:			
		:	Examiner: P. Huntsinger
KENZO SEKIGUCHI			
		:	Art Unit: 2624
Appln. No.: 09/918,499)	
		:	
Filed:	August 1, 2001)	
		:	
For:	COMMUNICATION)	
	APPARATUS AND METHOD	:	
	HAVING ELECTRONIC MAIL)	
	COMMUNICATION FUNCTION,	:	
	AND PROGRAM)	January 19, 2006

Mail Stop RCE The Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated October 19, 2005, please amend the above-identified application as follows. The amendments to the claims are reflected in the listing beginning at page 2, and the Remarks begin at page 9.

I hereby certify that this correspondence is being	deposited with the				
United States Postal Service as first-class mail in an	envelope addressed				
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-					
1450 on					
January 19, 2006					
(Date of Deposit)					
LEONARD P. DIANA (Reg. No. 29	,296)				
(Name of Attorney for Applicants	(3)				
Z.P. Din	January 19, 2006				
Signature	Date of Signature				

OIPE 42 PRACEMENTS

Docket No. 02922.000045.

KENZO SEKIGUCHI

In re Application of:

Appln. No.: 09/918,499

Examiner: P. Huntsinger

Filed: August 1, 2001

Art Unit: 2624

For: COMMUNICATION APPARATUS AND METHOD

HAVING ELECTRONIC MAIL COMMUNICATION

FUNCTION, AND PROGRAM

Date: January 19, 2006

Mail Stop RCE Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 23	MINUS	** 23	= 0	x \$25 \$50	\$0.00
INDEP. CLAIMS	* 3	MINUS	***	= 0	x \$100 \$200	\$0.00
Fee for Multiple Dependent claims \$180°/\$360				\$0.00		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				\$0.00		

^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the Extension fee for response with amonth extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.
	Leonard P. Diana

Attorney for Applicant

Reg. No.: 29,296

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